

OCD and anxiety disorders, in improving the mental health literacy of PCPs in Hungary.

Disclosure of Interest: V. Swisher Grant / Research support from: This work was supported in part by U.S. Student Fulbright Association. , D. Ori: None Declared, R. Wernigg: None Declared

EPP668

Associated factors of the quality of therapeutic alliance in people with severe mental illness: A systematic review

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doi: 10.1192/j.eurpsy.2025.873

Introduction: Given the high rates of disengagement of psychological and/or psychopharmacological treatment in individuals with severe mental illness (SMI), building a strong therapeutic alliance (TA) in treatment is crucial. Despite the awareness of a favorable role of the TA in mental health care for people with SMI, there is a paucity of research that contributes to the formulation of concrete guidelines for establishing a strong TA.

Objectives: This review aims to systematically synthesize existing literature of associated factors of the TA across six domains: client, mental health professionals (MHPs), clinical, social, care, and other. These include the views of clients with SMI, MHP, and independent raters of the TA.

Methods: Parallel literature searches in PsycInfo, Medline, and PubMed between 2000-2022 identified 2699 possible articles, of which n=53 met inclusion criteria.

Results: Associated factors of better client-rated TA were: high insight, secure attachment, higher outcome expectancy at baseline, specific personality traits, less internalized stigma, more therapists' empathy and frequent use of supportive techniques by MHP. MHP-rated and/or independent observer-rated TA was significantly related to: more insight, sex of client (female), MHP without anxious attachment, and less severe symptomatology of client.

Conclusions: Clinical symptom severity only affected TA when rated by MHP, but not when rated by clients. Attachment style affects the TA bidirectionally: clients' secure attachment to the MHPs may help modify maladaptive attachment patterns, and anxious/insecure attachment style from either client or MHP affects the TA negatively. Furthermore, having an early positive click with the client builds the foundation for a later stable and supportive relationship, making the client more likely to continue perceiving the alliance as positively as treatment progresses. It is therefore crucial to provide a warm and supporting environment from the start of treatment, where clients have the opportunity to overcome perceived (self-)stigma and develop a positive mindset towards outcome expectations. Focusing on supportive techniques like providing feedback or shared agenda setting instead on the clients clinical symptomatology solely might result in a more favorable perception of the TA. Notably, current TA

measurements assume a one-on-one relationship between clients and MHP, while nowadays multiple MHPs are involved. We recommend re-evaluating the assessment of TA within SMI care.

Disclosure of Interest: None Declared

EPP669

People with unbearable psychiatric suffering and a chronic death wish: Who are they and what changes do they experience in the care and expertise centre Reakiro? A Belgian cross-sectional study

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doi: 10.1192/j.eurpsy.2025.874

Introduction: People with unbearable psychiatric suffering and a chronic death wish are a subgroup of patients with Severe and Persistent Mental Illness (SPMI; Moureau *et al.*, FiP 2023; 14:1094038). They suffer from at least one, but usually multiple psychiatric disorders, in a chronic course, resulting in severe limitations in psychosocial functioning (Woods *et al.*, CJP 2008; 53 725-736.). Their chronic death wish is rooted in their struggle with life and death and diminished perspective on the alleviation of their suffering. They are at risk for suicide and/or are eligible to request euthanasia as legislated in Belgium. Reakiro is a Belgian pilot project and a drop-in, care and expertise centre developing tailored mental healthcare for this target population in addition to continued care as usual.

Objectives: To describe psychological and existential characteristics, care needs, experienced changes and the correlations between these variables in 107 consecutive Reakiro patients who agreed to participate in this study.

Methods: The Beck Scale for Suicide Ideation (BSSI), Dutch Empowerment Scale (DES), Herth Hope Index (HHI), Meaning In Life Measure (MILM), Existential Concerns Questionnaire (ECQ), Outcome Questionnaire-45 (OQ-45) and the Change Questionnaire (CQ) were administered combined with an assessment of their life and death wish and of how they experience the care in Reakiro.

Results: The BSSI (M = 21.78, SD = 8.48), DES (M = 113.39, SD = 20.42), HHI (M = 24.15, SD = 5.40), MILM (M = 5.39, SD = 1.50), ECQ (M = 62.13, SD = 12.10) and OQ-45 (M = 98.93, SD = 20.50) show heightened levels of suicidality, existential anxiety and symptomatology and lowered levels of hope, meaning in life and empowerment, compared to other psychiatric and non-clinical samples. Longer trajectories in Reakiro were correlated with heightened hope and lowered symptomatology, but not with suicidality. The preliminary CQ-analysis revealed 31 participants reporting positive changes in their relation to life and death, to self and others and to hope and future; 8 participants reported negative changes in their relation to life and death.

Conclusions: The results depict a concrete profile of the severity of the suffering and suicidality in these patients. The mixed-methods design reveals a major group that does not report any change and

suffers greatly, but also a minor group that reports positive changes and even lowered suicidality. Clinical implications for psychiatric healthcare professionals will be discussed.

Disclosure of Interest: None Declared

Promotion of Mental Health

EPP672

Differences in stigmatizing attitudes towards people with mental illness between psychiatry trainees and Family Medicine trainees: A comparative study

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doi: 10.1192/j.eurpsy.2025.875

Introduction: Mental illness stigma continues to be a significant challenge in healthcare. Trainees in different medical fields may have varying levels of exposure and understanding, which can shape their attitudes towards patients with mental health conditions.

Objectives: To examine differences in stigmatizing attitudes towards people with mental illness between Family Medicine trainees and psychiatry trainees.

Methods: A comparative study was conducted. Psychiatry trainees affiliated with the faculties of medicine in Tunisia (n=120) and Family Medicine trainees affiliated with the faculty of medicine of Sousse (n=206) were invited to respond to a survey comprising the Attribution Questionnaire (AQ-27), a measure that evaluates nine stigma factors, blame, pity, anger, help, dangerousness, fear, segregation, avoidance, and coercion. Higher scores indicated more endorsed stigma. Self-report measures of affirming attitudes were also used, including the Self-Determination Scale (SDS), the Empowerment Scale (ES), and the Recovery Scale (RS). Higher scores represent enhanced views of these concepts.

Results: In total, 94 psychiatry trainees and 66 Family Medicine trainees responded to the survey, with respective response rates of 78% and 32%. The two groups were comparable in terms of age, gender, family and personal psychiatric histories.

Family Medicine trainees reported significantly higher AQ-27 total scores (p=.042). Additionally, they reported significantly higher scores for blame (p=.025), dangerousness (p=.006), fear (p=.048), and segregation (p=.005) stigma factors.

No significant differences between the two samples were found in avoidance (p=.525), coercion (p=.379), pity (p=.741) and help (p=.092).

Concerning affirming attitudes, there were no significant differences between the two groups in SDS (p=.148), RS (p=.552), and ES (p=.727) scores.

Conclusions: Results revealed that psychiatry trainees endorse less stigmatizing attitudes towards patients with mental illness, particularly regarding the dangerousness of these patients. Nevertheless, they still endorse negative attitudes regarding the concept of recovery and affirming attitudes towards patients with mental illness. Anti-stigma interventions should promote not only increased

contact but also other strategies that will promote believing in recovery and social inclusion.

Disclosure of Interest: None Declared

EPP673

Promotion of emotional competence in nurses who cares people in end of life: a continuous improvement project for mental health nursing care

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doi: 10.1192/j.eurpsy.2025.876

Introduction: The constant contact with death and dying processes increases the risk of mental suffering in nurses. The evidence suggests the need for training programs in the area of promoting emotional competence that allow the management of emotions and consequently the improvement of care for people at the end of life.

Objectives: Capacitate a group of nurses to promote emotional competence towards end-of-life patients, through a specialized intervention in Mental Health and Psychiatric Nursing; and evaluate attitudes and coping with death and levels of emotional competence [and respective capabilities], pre and post-intervention.

Methods: A continuous quality of care improvement project was carried out based on the Deming cycle, with pre and post intervention evaluation. The following instruments were applied: Veiga-Branco Emotional Competence Scale - Reduced (EVCE-reduced); Scale for Assessment of the Profile of Attitudes about Death; and Coping with Death Scale. The training program consisted of seven in-person sessions, in groups, with approximation to the principles of psychoeducational intervention and based on the cognitive-behavioural sequence.

Results: Eleven nurses participate in program. Most of respondents were female (90%) aged between 26 and 50 years (M=36±7.98). Regarding the coping with death scale, it was possible to observe in the factor “coping with one’s own death”, after application of the program, an overall average of 73.38 (SD=4.21), verifying statistically significant differences between the pre- and post-intervention (Z=1.963, p<0.05). It was also possible to observe an increase in the global score of EVCE-reduced (M=170.01; SD=20.88), accompanied by a slight increase in capabilities: self-awareness (M=45.88; SD=4.64) and empathy (M=28.13; SD=3.44). Regarding the scale referring to the profile of attitudes towards death, there was an increase in the attitude of acceptance by approach (M=44.00; SD=12.22). On the contrary, there was a decrease in the fear attitude (M=24.63; SD=9.61), in the avoidance attitude (M=11.25; SD=4.49) and the attitude of acceptance as an escape (M=14.25; SD=4.50), compared to pre-intervention values.

Conclusions: Our findings indicate that there is an integration of death as a natural event and an integral part of life. On the other hand, adequate management of fear of death and a non-avoidance attitude contribute to more compassionate care, and therefore more centered on the person at the end of life. Besides, this study allow us to confirm the importance of training programs in socio-emotional regulation, as they focus on the mobilization of intra and